KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD



Postgraduate Diploma in Hospital **Administration and Management-2019**

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Application Form No.

Instructions:	
1. Read all the instructions in the Brochure before completing the form.	

2. Mobile No.	_							
3. Date of Birth : DD MM YY		Attested Recent Photograph of the Candidate taken within						
lease mark the appropriate box with mark 4. Gender - Male Female	last six months							
5. Nationality - Indian Foreigner	[
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6. Domicile of Maharashtra - Yes No								

Full	Na	ıme	an	d Co	omp	let	e Po	osta	ıl A	adr	ess:									
Pin Code:																				
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Declaration

I, hereby declare that the information given in this form is true and complete to the best of my knowledge. I am aware that if any information given herein is found to be incorrect or incomplete, my application will be rejected/admission will be cancelled.

Signature of the candidate